

WATER WELL REPORT

STATE OF WASHINGTON

Notice of Intent W 197753
UNIQUE WELL I.D. # 45P 154
Water Right Permit No. _____

(1) OWNER: Name Richard Hawkins Address 10101 7th Ave SE Apt. 211 Everett

(2) LOCATION OF WELL: County Island SF 14 1/4 1/4 Sec 6 T 29 N.R. 35 WM

(2a) STREET ADDRESS OF WELL: (or nearest address) 4933 Lakeside Drive, Langley, Wa. 98250

TAX PARCEL NO.: R 32906-398-2400

29-3E-6F

(3) PROPOSED USE: ☒ Domestic ☐ Industrial ☐ Municipal
☐ Irrigation ☐ Test Well ☐ Other
☐ DeWater

(10) WELL LOG or DECOMMISSIONING PROCEDURE DESCRIPTION
Formation: Describe by color, character, size of material and structure and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information. Indicate all water encountered.

(4) TYPE OF WORK: Owner's number of well (if more than one) _____
☒ New Well Method: _____
☐ Deepened ☐ Dug ☐ Bored
☐ Reconditioned ☒ Cable ☐ Driven
☐ Decommission ☐ Rotary ☐ Jetted

MATERIAL	FROM	TO
Sandy clay: brown, dry.	0	20
Sand: brown, dry.	20	75
Silty clay: gray, water.	75	80
Clay: gray, dry.	80	100
Sand: gray, fine, very tight.	100	170
Silty clay: gray.	170	195
Sand: gray, dry, coarse.	195	244
Sand: gray, fine, water.	244	255
Clay: gray.	255	255

(5) DIMENSIONS: Diameter of well 5 inches
Drilled 255 feet. Depth of completed well 255 ft.

(6) CONSTRUCTION DETAILS

Casing Installed:

☒ Welded 5 ft. Diam. from +2 ft. to 250 ft.
☐ Liner installed _____ ft. to _____ ft.
☐ Threaded _____ ft. to _____ ft.

Perforations: ☐ Yes ☒ No

Type of perforator used _____

SIZE of perforations _____ in. by _____ in.
perforations from _____ ft. to _____ ft.

Screens: ☒ Yes ☐ No ☐ K-Pac Location 246

Manufacturer's Name Look

Type Stainless Steel

Model No. _____

Diam. 5 Slot Size .010 from 250 ft. to 255 ft.

Diam. _____ Slot Size _____ from _____ ft. to _____ ft.

Gravel/Filter packed: ☐ Yes ☐ No ☒ Size of gravel/sand _____

Material placed from _____ ft. to _____ ft.

Surface seal: ☒ Yes ☐ No To what depth? 18 ft.

Material used in seal Bentonite chips.

Did any strata contain unusable water? ☒ Yes ☐ No

Type of water? Silty Depth of strata 75-80'

Method of sealing strata off Cased by it.

(7) PUMP: Manufacturer's Name Flint & Walling

Type: Submersible H.P. 1 1/2

(8) WATER LEVELS: Land-surface elevation above mean sea level _____ ft.

Static level 230 ft. below top of well Date 6/10/99

Artesian pressure _____ lbs. per square inch Date _____

Artesian water is controlled by _____ (Cap. valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? ☐ Yes ☒ No If yes, by whom? _____

Yield: 15 gal./min. with 9 ft. drawdown after 2 hrs.

Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level
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_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
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Date of test 6/10/99

Bailer test 5 gal./min. with 2 ft. drawdown after 1 hrs.

Air test _____ gal./min. with _____ ft. drawdown after _____ hrs.

Artesian flow _____ g.p.m. Date _____

Temperature of water _____ Was a chemical analysis made? ☒ Yes ☐ No

This well meets Island County:
I.C.C. 8.99, set back requirements
Validity of property lines remains
with the owner.

RECEIVED

JUL 9 1999

DEPT OF ECOLOGY

Work Started 5/27/99 Completed 5/10/99

WELL CONSTRUCTION CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

Type or Print Name Jack License No. 9852
(Licensed Driller/Engineer)

Trainee Name _____ License No. _____

Drilling Company Cable Tool Well Dr. Co.

(Signed) Jack License No. 9852
(Licensed Driller/Engineer)

Address 1723 194th Ave NE Redmond, Wa

Contractor's Registration No. CABLETIN 13203 Date 6/10/99

(USE ADDITIONAL SHEETS IF NECESSARY)

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